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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									7/66/	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL BUTTLY	
FOR MUMBER FILED		MUMBER EXTRA			RATE	FEE	]	RATE	PEE	
GASIC FEE (\$7 CFR 1.18(a))				]			OR			
		nine 2	20 •			× 4•		OR	× 4	
DI CED CTR(N)	43	minus 2				x •		OR	X 3	
MAATIPLE DEPENDENT CLAIM PRESENT (\$7 OFR 1.18(4))						<b>;</b> ;		OR	••	
"If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
11-21-65 (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THAN ENTITY
A Lord Light A Lor	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total Street	. 9	Minus	· _ (2)	. 77	Н	X \$		OR	X 5 a	
Z Independent or oral 1,11909	· 6	Minus	- 6	- (		x 8		OR	x 8=	
FIRST PRESENT	ATTON OF MULTIPL	EDEPOID	BITCLAIN PTOF	FR 1.18(4)		+8a		OR	+: •	
					•	TOTAL ADD'L FEE		OR	TOTAL ADDIL FEE	170
(Column 1) (Column 2) (Column 3)						'				
σ.	CLAIMS		HIGHEST					}		
	REMAINING AFTER		MUMBER PREVIOUSLY	PRESENT		RATE	ADDI- TIONAL	i i	RATE	ADOL
E E	AMENDMENT		PAID FOR				REE			TIONAL FEE
Z	70	Minus	20			X 2		OR	X 8 •	
OF CONT. LEGIS	· [a	Minus	- (0	~		x s=		OR	x s =	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAMA (37 OFR 1.16(q))						+2 -		OR	+:	
B (						TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
RE	(Column 1)		(Column 2)	(Calumn 3)		•			•	
£ 9/29/24	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA/		RATE	ADDI- TIONAL FEE		RATE	ADDÍ TIONAL FEE
Total Cr Creatings	18	Minus	11)	• /	1	X 8		OR	x 8 =	/rest
Total of Continues	. 0	Minus	-10	•/	Ì	X 8 •		OR	A	
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(4))						+:		or or	٠٠/.	
						TOTAL			TOTAL	
ADDLES								CR	ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 10 in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is issee then 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE in less then 3, enter "7".										

"If the Prighest Number Previously Paid For' II THIS SPACE is less than 3, enter "2".

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included case. Any comments on the amount of time you require to complete this form and/or subgestions for reducing this burden, should be sent to the Crief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.